Communities of Practice Questionnaire

1. Name of your organization: Sonoma County Department of Health Services

2. What is the structure/type of your organization? Please select from the following.

   ☒ County Health Department ☐ FQHC ☐ Non-profit

   ☐ Other (please describe) _____

3. Please briefly describe the history/background of the program.

The Sonoma Smile Survey of 2009 assessed the dental health of 1483 kindergarten and 3rd grade students in 15 elementary schools. A key finding was that only 17% of Sonoma County children had dental sealants, a well-accepted clinical intervention to prevent tooth decay on molar teeth. There is currently no school-based dental center in Sonoma County.

The Department of Health Services conducted a pilot school sealant program in 2013/14 to test 2 delivery models. The fee-for-service (FFS) model tested the financial feasibility of using registered dental hygienists in alternative practice (RDHAP) to conduct screenings and place sealants, billing Medi-Cal for reimbursement. The second model tested the feasibility of a team of staff (DDS and RDH) from a federally qualified health center (FQHC) to provide services schools under an expanded scope of work allowing for an intermittent off-site clinic. The pilot revealed significant difficulties with the fee-for-service model, largely owing to the lower Medi-Cal rates for RDHAPs. A charitable dental program (St. Joseph) partnered with a Community Action Parntership [(CAP), a CBO with a dental program], to provide services in the FFS model, while the FQHC model was expanded to 2 clinics. In 2018 the DHS funding for the program was eliminated. In 2019, one FQHC continues to provide sealants, expanding the scope of services and increasing the number of schools served. The FFS model was funded by First 5 Sonoma County to continue the program in a limited number of schools for the next 3 years. The FFS program has not been shown to be sustainable.

4. Which population is being served by the program?

The original sealant program was planned to screen and seal 2nd and 5th grade students. The FQHC model conformed to the plan, while the FFS model providers expanded to reach all students in selected schools.

All schools were selected based on a greater than 50% enrollment in the Free/Reduced Price School Lunch Program (FRLP). More specifically, we prioritized schools located in one of the county's areas of focus, based on a 2014 assessment (Roseland/Shepherd areas; Cloverdale and the Springs area of Sonoma Valley).

5. What type of service delivery model is/are used in the program? Please select all that applies.

☐ Dental clinic model (e.g. permanent setting) ☒ Mobile- portable model

☐ Virtual model (e.g. telehealth/teledentistry) ☒ Event-based model

☒ Outreach and education model

6. What type of dental and oral health services are provided? Please select all that applies.

☒ Screenings ☐ Cleanings ☒ Fluoride varnish ☒ Sealants ☐ X-rays ☐ Fillings

☒ Referrals to dental and oral health services ☒ Care coordination/case management

☒ Patient education ☐ Other (please describe) _____

7. What type of integration service is/are provided? Please select all that applies.

☐ Medical services ☐ Behavioral health services ☐ Vision services ☐ Hearing services

☐ Transportation services ☐ Translation services ☐ Nutrition services ☒ None

8. Who are the staff that supports the program? How many staff are involved in the program? What are their roles?

Staff	Number of Staff	Role
Dentist	FFS-1 FQHC-2	FFS-screening (billable) FQHC-screening, fluoride varnish, sealants
Dental Hygienist	FFC-1-2 FQHC-1	FFC-fluoride varnish, sealants FQHC-assist DDS
Dental Assistant	None in either model	
Non-dental clinical staff	See below	
Community health workers	FFS-2 FQHC-1	FFS-school liaison/logistics, data collection, classroom education, care coordination FQHC- school liaison/logistics, data collection, classroom education, care coordination
Other Department of Health Services' Health Information Specialist CAP Program Director (RDHAP)	1 1	Data analysis and report, contract management RDHAP training and sealant retention, CHW supervision, develop MOUs with schools. Coordination of the program on behalf of DHS.

9. What is the source of funding?

☐ Foundation/organization grant

☐ Public funding (e.g. local, state, federal)

☐ Private donations (e.g. individuals, businesses)

☒ Other (please describe)

The funding for the pilot and next 4 years (to contract with CAP) was through an intergovernmental transfer fund via Partnership Health Plan. Funding discontinued in 2018.

10. How is the program evaluated?

DHS staff evaluate the program each year. QI projects to increase consent rate were implemented each year for 3 years.

Indicators include:

- # students assessed
- # students receiving health education
- #students receiving FV
- #students receiving sealants
- # sealants placed
- % sealants retained at review
- % consents returned by parents
- % children with urgent need for treatment received treatment

11. Are there any reports?

Yes-yearly reports with evaluation.

12. Are there any barriers/challenges to your program?

Funding for the FFS program is not sufficient for sustainability.

The current Medi-Cal scope of work for RDHAP does not allow this work force to be able to provide school-based sealants and fluoride varnishes for a reasonable return on investment. The additional funding for the CBO to coordinate services, conduct sealant retention checks and provide classroom education was not sustainable.

The FQHC, over time, was able to show a return on investment if they did not provide classroom education.

13. What are the lessons learned and/or are there any plans for improvement?

In Sonoma County the most promising model for school-based sealants is the FQHC model.

The FQHC, however, must expand its scope of practice and develop a work flow that allows for clinical staff to be in the field at least several days during the school year. Coordinating with the schools becomes easier over time as the district becomes familiar with the program. Consent rates increase over time, as the relationships with schools deepens and the program gains notoriety/popularity with families.

Although classroom education is intuitively attractive, there is currently no evidence-based program, nor funding. Therefore the FQHCs are not providing this service, nor is the Department of Health Services.

If you are interested in learning more about this program, please contact COHTAC at oralhealthsupport@ucsf.edu.